

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000009644

**Entity Name:** OUR CULTURAL LEGACY INC.

**Current Principal Place of Business:**

4300 N UNIVERSITY DRIVE SUITE F-100  
LAUDERHILL, FL 33351

**Current Mailing Address:**

4300 N UNIVERSITY DRIVE SUITE F-100  
LAUDERHILL, FL 33351 US

**FEI Number:** 92-2344905

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GREY, KEISHA  
4300 N UNIVERSITY DRIVE SUITE F-100  
LAUDERHILL, FL 33351 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P
Name	GREY, KEISHA DR.
Address	6721 NW 45TH CT
City-State-Zip:	LAUDERHILL FL 33319
Title	CFO
Name	GAYNOR, CELECIA
Address	3500 NORTH STATE RD7 SUITE 308
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	C
Name	PORTER-FORBES, CHALLAE
Address	12115 WATERMARK WAY
City-State-Zip:	PARKLAND FL 33076
Title	S
Name	WHITEHEAD, CHAUNDRA
Address	4300 N UNIVERSITY DRIVE
City-State-Zip:	LAUDERHILL FL 33391

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR. KEISHA GREY

**PRESIDENT**

**03/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date